

Nevada Medicaid and Nevada Check Up News



Division of Health Care Financing
and Policy (DHCFP)



Volume 13, Issue 4
Fourth Quarter 2016

Inside This Issue:

- 2 [Reminder: Applied Behavior Analysis \(ABA\) Services Coverage Implemented January 1, 2016](#)
- 2 [2017 HCPCS Code Update](#)
- 3 [Nevada Medicaid Informational Bulletin on Medications and Services for Substance Use Disorders](#)
- 6 [Contact Information](#)

Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers \$934,181,428.55 in claims during the three-month period of July, August and September 2016. Nearly 100 percent of current claims continue to be adjudicated within 30 days.

DHCFP and Hewlett Packard Enterprise thank you for participating in Nevada Medicaid and Nevada Check Up.

Revalidation Application Must Be Processed Before Provider's Termination Due Date

If you are a Medicaid provider whose revalidation application has not been processed by your termination due date, you will be ineligible to provide services to any Nevada Medicaid or Nevada Check Up recipients, including both Fee-for-Service and Managed Care Organization (MCO) enrolled recipients. You will also not have access to the Provider Web Portal the day after your termination date, which will prevent any prior authorizations (PAs) from being submitted for approval.

Please ensure that you have submitted your revalidation application to Hewlett Packard Enterprise at least 10 business days prior to your termination date to ensure that your application is processed on time.

Provider revalidation can be completed online by accessing the [Provider Web Portal](#). Please review the Online Provider Enrollment User Manual and Revalidation Documents located on the [Provider Enrollment webpage](#) for instructions to complete revalidation.

If you have not received a notice to revalidate, a notice will be sent when you need to take action.

Personal Care Services (PCS) Policy Update

Recent revisions were made to Medicaid Services Manual (MSM) Chapters 2600 (Intermediary Service Organization) and 3500 (Personal Care Services Program). Revisions were made to align Personal Care Services (PCS) policy in MSM Chapter 3500 with Self-Directed PCS policy in MSM Chapter 2600. A public hearing was held on September 7, 2016, to present the proposed revisions. All chapter revisions were approved and have been in effect since September 8, 2016.

Personal Care Service and Intermediary Service Organization providers need to be up to date with the most current policy to ensure services are provided accordingly. The updated chapters are now posted and can be viewed online (and/or printed) at the Division of Health Care Financing and Policy (DHCFP) website: <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/>.

Reminder: Applied Behavior Analysis (ABA) Services Coverage Implemented January 1, 2016

Effective January 1, 2016, the Nevada Division of Health Care Financing and Policy (DHCFP) implemented coverage for Applied Behavior Analysis (ABA) services for categorically needy individuals under age 21. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is identified as the coverage authority. ABA services are covered under all Medicaid plans including Fee for Service Medicaid and the Managed Care Organizations.

The medical coverage policy for ABA can be found in Medicaid Services Manual (MSM) Chapter 1500 Healthy Kids Program, located on the DHCFP website at: <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/>

All ABA services require prior authorization (PA), with the exception of assessments and reassessments. PA forms are available on the [Provider Forms](#) webpage. Providers should use form FA-11E to request authorization for services. Form FA-11F must be submitted with initial requests for ABA services along with FA-11E. The Provider Web Portal prior authorization system has been updated to add the Applied Behavior Analysis (ABA) authorization type to the "Authorization Type" drop-down list. See [Web Announcement 1024](#) for screenshots of the authorization pages.

Hewlett Packard Enterprise - Nevada Medicaid and Nevada Check Up
Autism Spectrum Disorder (ASD) Diagnosis Certification for Requesting Initial Applied Behavior Analysis (ABA) Services

Instructions: Submit this certification with initial requests for ABA services along with FA-11E. Do not submit this form with requests for continued service.

Request Date:	Recipient Name:	Recipient Medicaid ID:
Practitioner Certification Ordering ABA Services: Practitioner must be a Physician, Physician's Assistant, Advanced Practice Registered Nurse (APRN) or Psychologist acting within their scope of practice.		
A Practitioner acting within their scope of practice as defined by State law certifies the following:		
1. This individual is between 0 and 21 years of age and has an established diagnosis of ASD or other related condition for which ABA is recognized as medically necessary.		
2. ABA services are required to develop, maintain or restore to the maximum extent practical the functions of the individual for whom they are requested.		
3. The individual exhibits excesses and/or deficits of behavior that impede access to age appropriate home or community activities.		
4. There is a reasonable expectation that the individual will improve, or maintain function to the maximum extent practical with ABA services.		
5. Please identify the diagnostic tool utilized to establish the ASD diagnosis as well as qualifying score. Please check the appropriate box below and enter the individual's score for the diagnostic tool used.		
<input type="checkbox"/> Autism Diagnostic Observation Schedule (ADOS) Score: _____ Subscales Scores: _____		
<input type="checkbox"/> Childhood Autism Rating Scale (CARS) Score: _____ Subscales Scores: _____		
<input type="checkbox"/> Gilliam Autism Rating Scale (GARS-2) Score: _____ Please indicate the subscales presenting concern observed on the rating sheets: _____		
<input type="checkbox"/> Other: _____ Score: _____		
Name of Practitioner: _____ Credentials: _____ National Provider Identifier (NPI): _____ Signature: _____ Date of Diagnosis: _____		

FA-11F
02/17/2016 (pr12/01/2015)

Page 1 of 1

Hewlett Packard Enterprise - Nevada Medicaid and Nevada Check Up
Applied Behavior Analysis (ABA) Authorization Request

Fax request to: (866) 480-9903 Questions? Call: (800) 625-2395

Request Date: _____ Recipient Name: _____ Recipient Medicaid ID: _____

REQUEST TYPE:
 Initial Prior Authorization For initial requests please attach the ASD Diagnosis Certification for Requesting Initial ABA Services (FA-11F) Start date of services: _____
 Continued Service Unscheduled Revision Reconsideration
 Retrospective Authorization - Date of Eligibility Decision: _____

I. REQUESTING PROVIDER
 Practitioner's Name: _____
 Provider Group Name: _____
 Provider Group NPI: _____
 Practitioner's Name: _____ Phone: _____ Provider Group Email: _____
 Provider Group Name: _____
 Provider Group NPI: _____
 Check if servicing provider is the same as requesting provider

II. SERVICING PROVIDER
 Practitioner's Name: _____
 Provider Group Name: _____
 Provider Group NPI: _____
 Name: _____ Phone: _____ Provider Group Email: _____
 Recipient ID: _____
 Recipient's Living Arrangements (e.g., group home, foster home, parents): _____
 Is the recipient in State custody? Yes No Age: _____
 Date recipient went into State custody: _____

III. RECIPIENT
 Name: _____
 Recipient ID: _____
 Recipient's Living Arrangements (e.g., group home, foster home, parents): _____
 Is the recipient in State custody? Yes No Age: _____
 Date recipient went into State custody: _____

IV. CO-OCCURRING DIAGNOSES, CURRENT SYMPTOMS, RELEVANT HISTORY
 Co-occurring diagnoses: _____
 Current symptoms and relevant history: _____

V. RESPONSIBLE PARTY
 Parent/Guardian Name: _____
 Relationship to Recipient: _____
 By signing below the parent/guardian agrees to the parent/guardian responsibilities as outlined in the Medicaid Services Manual (MSM) Chapter 1500.
 Signature: _____ Phone: _____
 Date: _____

FA-11E
03/02/2016 (pr12/01/2015) Page 1 of 5

Provider type (PT) 85 may bill for ABA services with dates of service on or after January 1, 2016. The PT 85 Billing Guideline is posted under Billing Guidelines (by Provider Type) on the [Billing Information](#) webpage. For providers who have not yet enrolled, provider enrollment checklists are online on the [Provider Type 85 Applied Behavior Analysis \(ABA\) Enrollment Checklist](#) webpage. See [Web Announcements](#) 940 and 951 for enrollment instructions.

Ongoing information regarding ABA services can be found on the DHCFP ABA webpage at: <http://dhcfp.nv.gov/Pgms/CPT/ABA/>

2017 HCPCS Code Update

The Centers for Medicare & Medicaid Services (CMS) has released the 2017 Healthcare Common Procedure Coding System (HCPCS) code update file. Division of Health Care Financing and Policy (DHCFP) staff have reviewed the new codes in this file and have determined which of the new codes are covered and which provider types are allowed to bill those services to Nevada Medicaid.

The DHCFP Reimbursement, Analysis and Payment staff will complete the rate setting process and the request to update the Medicaid Management Information System (MMIS). The data will then be submitted to Hewlett Packard Enterprise to update the MMIS. Web Announcements posted at www.medicaid.nv.gov will provide further updates.

Nevada Medicaid Informational Bulletin on Medications and Services for Substance Use Disorders

This bulletin is informational only and does not supersede any policy or information documented in the Fee for Service (FFS) or Managed Care Organization (MCO) policy billing manuals.

Nevada Medicaid currently consists of three different health care plans:

1. Fee for Service
2. Health Plan of Nevada (HPN) (MCO)
3. Amerigroup (MCO)

Recipients will be enrolled in one of these plans. It is important to know which plan recipients are enrolled in. In some situations recipients can transfer to a different health care plan. Recipients must also be Medicaid eligible at the time of service.

All pharmacies, medical prescribers and servicing providers must be enrolled as billing/servicing/OPR (ordering, prescribing or referring) providers in FFS Medicaid. If they are providing services to MCO-enrolled recipients, they must also be enrolled in the applicable MCO health care plan(s). Providers enrolled with FFS are not necessarily enrolled as providers with the MCO plans.

Medicaid Covered Outpatient Drugs Used for Opiate Addiction

These drugs may be subject to prior authorization (PA) approval and/or quantity limits (QL) and Preferred Drug List (PDL) status.

- Refer to MSM Chapter 1200, Prescribed Drugs, at the following website for more FFS information: <http://dhcftp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1200/Chapter1200/>
- Refer to the following website for more HPN information: <https://www.myhpnmedicaid.com/Provider>
- Refer to the following webpage for Amerigroup PDL information: https://www.myamerigroup.com/Documents/NVNV_CAID_PDL_ENG.pdf

Drug	Fee For Service (FFS)	Health Plan of NV(HPN)	Amerigroup
Drugs used for opioid overdose:			
Narcan® (naloxone)	X	X	X (Has QL†)
Evzio®	X	X (NP**)	X (NP**Requires Clinical PA* & QL†)
Narcan® Nasal Spray	X	X (NP**)	X
Drugs used for opioid dependence:			
Vivitrol®	X (Requires Clinical PA* & QL†)	X (Requires Clinical PA*)	X (Requires Clinical PA*)
Revia® (naltrexone)	X (Requires Clinical PA*)	X	X (Generic Preferred)
Suboxone® (buprenorphine/naloxone)	X (Requires Clinical PA* & QL†)	X (Requires Clinical PA* & QL†)	X (Requires Clinical PA* & QL†)
Zubsolv®	X (Has QL†)	X (Requires Clinical PA* & QL† & NP**)	X (Requires Clinical PA* & QL†)
Bunavail™	X (Requires Clinical PA*)	X (Requires Clinical PA* & QL† & NP**)	X (Requires Clinical PA* & QL†)
Subutex® (buprenorphine)	X (Requires Clinical PA* & QL†)	X (Requires Clinical PA*)	X (Has QL†)
Drugs used for detoxification/withdrawal:			
Dolophine® (methadone)	X	X	X (Has QL†)
Methadone HCl	X (NP‡)	X	X (Has QL†)
Methadose® (methadone)	X (NP‡)	X	X (Has QL†)
Abuse deterrent opioids (Drugs with physical barriers that can prevent chewing, crushing, cutting, grating or grinding of the dosage form. Dosage forms with chemical barriers that resist extraction of the opioid through use of common solvents including water, alcohol or other organic solvents.)			
Reformulated Oxycodone® (oxycodone)	X (NP**)	X (NP**)	X (Requires Clinical PA* ST & QL†)
Embeda® (morphine/naltrexone)	X	X (NP**)	X (Requires Clinical PA* ST & QL†)
Hysingla® ER (hydrocodone)	X (NP**/QL†)	X (NP**)	X (Requires Clinical PA* ST & QL†)
Zohydro® ER (hydrocodone)	X (NP**/QL†)	X (ST)	X (Requires Clinical PA* ST & QL†)

Informational Bulletin continued on page 4

Nevada Medicaid and Nevada Check Up News

Informational Bulletin continued from page 3

Drug for Alcohol Abstinence			
Acamprosate	X	X (NP**)	X (Has QL†)
Alcohol Sensitizing Drug			
Disulfiram	X	X	X

Methadone Clinics: Payment for the direct observation of oral medications to treat opioid dependence/ withdrawal given at methadone clinics.			
Direct Observation	X	X	X

Lock-In: When a recipient has demonstrated drug seeking behaviors they are locked in to one specific pharmacy for controlled substance scripts.			
Lock-In Program	X	X	X

* Clinical PA = PA required

‡ PA requirement can be overridden when prescribed for treatment of detoxification/withdrawal.

QL† = Quantity Limit

** Requires a Standard Preferred Drug List Exception Criteria Prior Authorization.

NP = Nonpreferred ST = Step Therapy X = Covered

Medication Assisted Treatment

Medication-assisted treatment (MAT), including opioid treatment programs (OTPs), combines behavioral therapy and medications to treat substance use disorders as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA). MAT is a combination of medications and services that are provided in concert to assist recipients with a substance use disorder (SUD).

- Refer to MSM Chapter 400, [Mental Health and Alcohol and Substance Abuse Services](#), at the following web address for more FFS information: http://dhcfnv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C600/MSM_Ch_600_Packet_16-7-1.pdf
- Refer to the following website for more HPN information: <https://www.healthplanofnevada.com/Member/Mental-Health>
- Refer to the following website for more Amerigroup information: <https://www.myamerigroup.com/NV/Pages/medicaid.aspx>

Behavioral Therapies/Services			
Service	Fee For Service (FFS)	Health Plan of NV (HPN)	Amerigroup
Individual Therapy: 90832, 90834, 90837	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*)
Family Therapy: 90846, 90847, 90849	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA* for OON provider only)
Group Therapy: 90853	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA* for OON provider only)
Therapy in Home or Community Setting: H004, H004 HQ	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA* for OON provider only)
Skills Training & Develop.: H2014, H2014 HQ	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*)
Psychosocial Rehabilitation: H2017, H2017 HQ	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*)
Self-Help/Peer-Support: H0038, H0038 HQ	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA* for OON provider only)

Informational Bulletin continued on page 5

Nevada Medicaid and Nevada Check Up News

Informational Bulletin continued from page 4

Medications
Review covered medications identified previously in this bulletin.
NV Physician Administered Drugs (NVPAD): Refers to outpatient drugs administered in places such as a physician's office, outpatient clinic, End-Stage Renal Disease (ESRD) facility, etc. Drugs administered in these settings are not subject to PDL requirements.

Screening, Brief Intervention and Referral to Treatment (SBIRT) - SBIRT is an evidence-based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and illicit drugs.			
Services	Fee For Service (FFS)	Health Plan of NV (HPN)	Amerigroup
Alcohol and/or substance (other than tobaccos) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes: 99408	X	X	X
Greater than 30 minutes: 99409	X	X	X
Brief face-to-face behavior counseling for alcohol misuse; 15 minutes: G0443	X	X	X

Detoxification - Inpatient substance abuse services are those services delivered in freestanding substance abuse treatment hospitals or general hospitals with a specialized substance abuse treatment unit which includes a secure, structured environment, 24-hour observation and supervision by mental health substance abuse professionals and a structured multidisciplinary clinical approach to treatment. These hospitals provide medical detoxification and treatment services for individuals suffering from acute alcohol and substance abuse conditions.			
Services	Fee For Service (FFS)	Health Plan of NV (HPN)	Amerigroup
Inpatient detoxification	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*)
Outpatient Observation (not to exceed 48 hrs.)	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*, †QL)	X

*Clinical PA = PA required

‡ PA requirement can be overridden when prescribed for treatment of detoxification/withdrawal.

QL† = Quantity Limit

** Requires a Standard Preferred Drug List Exception Criteria Prior Authorization.

NP = Nonpreferred. ST = Step Therapy OON = Out of Network X = Covered

Resources and Links:

Quantity Limits and Policy Guidelines:

MSM Chapter 400 http://dhcfp.nv.gov/uploadedFiles/dhcfpnv.gov/content/Resources/AdminSupport/Manuals/MSM/C400/MSM_400_16_5_1_BHCN_Packet.pdf

MSM Chapter 600 http://dhcfp.nv.gov/uploadedFiles/dhcfpnv.gov/content/Resources/AdminSupport/Manuals/MSM/C600/MSM_Ch_600_Packet_16-7-1.pdf

MSM Chapter 1200 http://dhcfp.nv.gov/uploadedFiles/dhcfpnv.gov/content/Resources/AdminSupport/Manuals/MSM/C1200/MSM_1200_16_05_16.pdf

Informational Bulletin continued on page 6

Nevada Medicaid and Nevada Check Up News

Informational Bulletin continued from page 5

FFS Provider Billing Guides for Quantity Limits

<https://www.medicaid.nv.gov/providers/rx/billinginfo.aspx>

Preferred Drug List (PDL)

<https://www.medicaid.nv.gov/providers/rx/PDL.aspx>

Citations:

Information Bulletin on MAT

<https://www.medicaid.gov/Federal-Policy-Guidance/downloads/CIB-07-11-2014.pdf>

Fact Sheet for SBIRT

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SBIRT_Factsheet_ICN904084.pdf

Resources:

Crisis Call Center – 24-hour crisis line is available to provide a safe, non-judgmental source of support for individuals in any type of crisis. In addition to a 24-hour crisis hotline, Crisis Call Center also offers crisis intervention through text messaging.

<http://crisiscallcenter.org/>

1-775-784-8090

1-800-273-8255

Text "ANSWER" to 839863

Medicaid District Office staff can assist with recipient benefit questions or problems.

Medicaid District Office Staff Assistance:

Carson City District Office

1000 East William Street, Suite 118

Carson City, NV 89701

Telephone: (775) 684-3651

Las Vegas District Office

1210 S. Valley View, Suite 104

Las Vegas, NV 89102

Telephone: (702) 668-4200

Elko District Office

1010 Ruby Vista Drive, Suite 103

Elko, NV 89801

Telephone: (775) 753-1191

Reno District Office

560 Hammill Lane

Reno, NV 89511

Telephone: (775) 687-1900

Nevada 2-1-1 Services – Nevada 2-1-1, a program of the Financial Guidance Center, is committed to helping Nevada citizens connect with the services they need:

<http://www.nevada211.org/>

Substance Abuse Prevention and Treatment Agency (SAPTA) – The Substance Abuse Prevention & Treatment Agency (SAPTA) administers programs and activities that provide community-based prevention and treatment:

http://dphh.nv.gov/Programs/ClinicalSAPTA/Home_-_SAPTA/

Contact Information

If you have a question concerning the manner in which a claim was adjudicated, please contact Hewlett Packard Enterprise by calling (877) 638-3472, press option 2 for providers, then option 0 and then option 2 for claim status.

If you have a question about Medicaid Service Policy, you can go to the DHCfp website at <http://dhcfnv.gov>. Select "Resources" and then select "Telephone Directory" for the telephone number of the Administration Office you would like to contact.